

LEWIS COUNTY SCHOOLS

Certified Application for Employment

65 Central Elementary/PO Box 159

Vanceburg, KY 41179

606-796-2811 FAX 606-796-3081

www.lewis.kyschools.us

Last Name:	First Name:	Middle/Maiden Name:
Current Street Address:		City:
State:		Zip Code:
Home Phone Number:		Work/Cell Phone Number:
Social Security Number:		Email Address:

Position Desired

Please indicate position(s) desired by listing in order or preference with the number of 1 being your first choice.

_____ Administrative _____	(Title)
_____ Elementary Teacher _____	(Grade/Subject)
_____ Middle School Teacher _____	(Grade/Subject)
_____ Secondary Teacher _____	(Grade/Subject)
_____ Foreign Language _____	(Language)
_____ Library Media Specialist	
_____ Music/Band Director	
_____ Health/Physical Education	
_____ Speech Pathologist	
_____ Substitute Teacher	
_____ Other _____	(List)

**FOR ANY OF THE POSITIONS LISTED ABOVE,
STATE LAW REQUIRES A CRIMINAL RECORD CHECK AND A CHILD ABUSE AND
NEGLECT (CAN) REPORT AS A CONDITION OF EMPLOYMENT.**

The Lewis County Board of Education is an *equal opportunity employer*. The Board of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups¹ and is required by Title IX of the Education Amendments of 1972 (P.L. 92-318) not to discriminate in such manner.

I. GENERAL INFORMATION

Yes	No	*Please attach explanations on separate paper and attach to the application.
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally eligible for employment in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have special training or skills (languages, machine operations, etc.)? If yes, describe. _____
<input type="checkbox"/>	<input type="checkbox"/>	Can you begin work immediately? If no, when can you start? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are any of your relatives employed by the Lewis County Board of Education? If yes, list name(s) _____
<input type="checkbox"/>	<input type="checkbox"/>	In the past ten years, have you been convicted of a crime that has not been annulled, expunged or sealed by a court?
<input type="checkbox"/>	<input type="checkbox"/>	Are/have you been investigated for any misconduct by the Educational Professional Standards Board? If so, please explain.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a relative of the Superintendent or any member of the Lewis County Board of Education?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been removed or dismissed from any position? If yes, explain.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of the Kentucky Teacher Retirement System? If yes, how many years? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you taken the PRAXIS examinations? If yes, will you send the results to us? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you previously been employed by the Lewis County Board of Education? If yes, under what name? _____ When? _____ In what capacity? _____

II. EDUCATIONAL & PROFESSIONAL PREPARATION

Institution	Name City, State	Dates Attended	Diploma/Degree	Major/Minor
High School	_____			
College	_____			
Graduate School	_____			
Graduate School	_____			
Other	_____			

III. CERTIFICATION

Please list positions or subject areas for which you hold certification or subject area for MAT Program:

If known, please supply the following information:

Kentucky Certificate Number:	Date Issued:
Kentucky Certification Type: _____ Provisional _____ Standard _____ MAT	Rank:
Other State Certification: _____ Yes _____ No (List)	Date Issued:
Statement of Eligibility: _____ Yes _____ No	Date Issued:

IV. EMPLOYMENT HISTORY

A. Previous Education Employment Experience (List in order beginning with most recent.)

Dates (Year/Year)	Number of Years Taught	Position	School District	Supervisor

B. Other Experience (List in order beginning with most recent)

Company Name and Address	Position Held	Dates (Month/Year)	Last Annual Salary
		From _____ To _____	
		From _____ To _____	

V. NARRATIVE

- 1. In the space provided, please explain why you should be given consideration for employment with the Lewis County School System.**
- 2. What information do you use to design instruction?**
- 3. List the technology hardware/software that you have utilized and confident in using with students.**

VI. OTHER INFORMATION

List professional recognition, articles for publication, community activities, committee work, hobbies, etc. Also, list organizations of which you are now a member.

VII. REFERENCES

List five references, including former employers, professors, etc. Beginning teachers should include supervising teacher and college coordinator of student teaching. Experienced teachers should include present principal and/or supervisor. Do not list relatives or prospective in-laws.

1. Name, Title, Phone No.	Address	How long acquainted?	In what capacity?
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2. Name, Title, Phone No.	Address	How long acquainted?	In what capacity?
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3. Name, Title, Phone No.	Address	How long acquainted?	In what capacity?
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4. Name, Title, Phone No.	Address	How long acquainted?	In what capacity?
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5. Name, Title, Phone No.	Address	How long acquainted?	In what capacity?
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Your Photograph
(OPTIONAL)

I authorize a review of all statements contained in this application. I understand that if information provided is inaccurate, any contract offered me is void.

Authorization is hereby given to the Lewis County School System to obtain copies of all evaluation documents relating to previous employment for the immediate past three (3) years.

Permission is hereby granted to previous employers to release such documents to the Superintendent/Designee of Lewis County Schools.

This application will be kept on file for three (3) calendar years. In order to maintain the active status of the application, the applicant must contact the district in writing to request an extension.

Applicant's Signature _____ **Date** ____/____/____

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- ☐ Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency/Wilderness)
- ☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
- ☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- ☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- ☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- ☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname) (last)

Sex: ____ **Race:** _____ **Date of Birth:** _____ **Social Security #:** _____

Date of Initial Hire: _____

Present Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

CENTRAL REGISTRY CHECK

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will **NOT** be processed without payment. Mail check or money order and this completed form to:

Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., 3E-G
Frankfort, Kentucky 40621

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

Witness

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

☐ No reportable incident found in accordance with 922 KAR 1:470

☐ Substantiated child abuse found on the registry Date of substantiated finding: _____

☐ Substantiated child neglect found on the registry Date of substantiated finding: _____

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No

☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ **BY** _____

DPP-156

(R. 1/18)

922 KAR 1:470